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ORIGINAL DEPARTMENT.

Lectures.

A LECTURE ON PNEUMONITIS.

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In some sections of our country this is a very common disease, and when it is produced or connected with certain epidemical influences, it often proves very fatal. The inhabitants of this city, and indeed, the inhabitants of all our lake shore country, are very obnoxious to this disorder and its various complications. The cause of this is the coldness, and humidity of our atmosphere, with the changeableness of the weather. Thus, one day there may be a temperature of 60 or 70 degrees, the next day zero. Such variations in the temperature of the atmosphere must always be attended with injurious consequences to the human system. Congestions, inflammations, and various fluxes will be the prevailing disorders among that portion of the community who are destitute of the means of life and those who pay little regard to the laws of health.

I.—THE CLINICAL HISTORY OF PNEUMONITIS.

The first symptom of this disease is a want of animal heat. The patient complains of being cold, no matter how high the surrounding temperature may be. This may last for a day or two, when suddenly it will culminate in a chill of more or less severity, which is very apt to occur just after he retires for the night. The chill is speedily succeeded by pains in the head, back, limbs, with thirst and fever. These symptoms are soon followed by cough, dyspnoea, with a feeling of weight and heat in the region of the sternum; a very rapid pulse, coated tongue, with constipated bowels, and scanty high-colored urine.

As the disease advances the cough frequently becomes very harrassing, and the expectoration scanty, viscid, rusty, and in some instances bloody; under the microscope it exhibits epithelium, mucous and pus cells, and blood corpuscles. In grave cases of the disorder the dyspnoea is usually very urgent, compelling the individual to lie upon his back, with his shoulders very much elevated. I recently at-

tended a case, where dyspnoea was so distressing, that on several occasions the patient appeared to be on the verge of suffocation, and although the weather was extremely cold, the windows in her apartment had to be kept constantly open, rendering the room unpleasantly cool for those who had to wait upon her. She, however, made a good recovery, notwithstanding the threatening character of the symptoms.

The physical signs of pneumonitis are commonly very pronounced. There is usually on percussion slight dullness over the affected region, mostly confined to a limited space, the inferior angle of the scapula in particular. On auscultation the respiratory murmur is very feeble, and crepitatation distinct, especially during a full inspiration. When the disease is confined to the inferior lobe of the lung, nothing abnormal will be elicited by a physical exploration of the other lobes of the same side. In the other side, if the disorder is not double, the respiration will be found rather more distinct than normal, owing to the greater activity of its functions, in consequence of the partial suspension of the suffering lung.

Such are some of the general symptoms and physical signs which manifest themselves during the first stage of primary uncomplicated pneumonitis; it is emphatically the stage of CONGESTION. But as the disease advances, usually as early as the third day, the dullness on percussion becomes more marked and extended. In a very bad case it may extend from the base of the lung to its summit, when bronchial respiration will soon supplant the feeble vesicular murmur and crepitatation; an unfailing sign of the second stage of the disease,—HEPATIZATION. Now all the general symptoms are increased in severity. The fever is more intense; the pulse becomes more frequent; the respiration more hurried, the cough more troublesome, and the expectorations viscid and rusty. These symptoms are more severe after the middle of the day and continue so until the turn of the night, when they gradually become milder and allow the patient a short period of repose.

If the local lesion is not very extensive, this abatement in the severity of the symptoms usually amounts to a regular intermission. The skin becomes moist and cool, the breathing not so hurried, the pulse not so frequent, the cough not so harrassing, and the patient imagines himself almost well. But the advancing day dissipates his illusions, and brings with it all his distressing symptoms. In most cases where the local lesion is very great, you will find very little modification in any of the general symptoms, until

the disorder has passed its climax. This in the majority of cases occurs about the ninth day. In some instances the severity of the symptoms continue until the twelfth or fourteenth day, when they gradually give way, and we have cheering evidence of the third stage of the malady—RESOLUTION. The pulse now becomes less frequent, the dyspnea less urgent, and the cough not so annoying. The expectoration is more easy, less tenacious and rusty, the fever not so high, the urine more abundant, the bowels more regular, the tongue cleaning, the appetite improving, and the patient on the high way to a speedy and happy convalescence.

The improvement in the physical signs, although not so marked as the general symptoms, are yet sufficiently clear to be readily distinguished by a careful auscultator. In a few hours after resolution commences in the affect lung, crepitation can again be heard as in the first stage, while bronchial respiration which succeeded, becomes scarcely audible. The improvement in the respiratory sounds always commences at the summit of the lung, and as the process of reparation goes on they gradually extend to its base. The same is true also of percussion. Dullness diminishes from the summit downwards, just in proportion as resolution advances, until the sounds become normal, and this generally occurs between the twenty-first and twenty-eighth day. In very mild cases it may take place some days sooner, very rarely, however, before the fourteenth day.

When the disease proves fatal there appears to be little or no abatement in the general symptoms. In some cases there may be a slight diminution in the dyspnea, cough and expectoration, while in others these symptoms are increased in intensity; the cough is more distressing, the expectoration more profuse, and of a red, diffused character. Dullness on percussion becomes more profound; bronchial respiration becomes much louder and accompanied with very loud mucous rhoncus, showing quite clearly that the lungs are almost useless. The pulse now becomes greatly increased in frequency, the respiration chiefly inter-costal, the extremities of icy coldness, rattling of mucus in the trachea with inability to expectorate, when the patient dies, not so much from exhaustion as from suffocation.

II.—PATHOLOGY OF PNEUMONITIS.

In the description just given of the general symptoms of this disease, we have recognized three stages, namely, Congestion, Hepatization, and Resolution. These conditions are but the changes which the lung tissues suffer from an invasion of the disease. That these pathological changes are the result of inflammatory action, I have not a single doubt.

In the stage of CONGESTION, the capillaries of the lungs become loaded with red blood, and the tissues become infiltrated with a turbid and reddish serum, holding fibrin in solution. When we examine a lung thus affected, it has a reddish-brown appearance, somewhat swollen and softened, crepitating less than

natural, but will not sink in water; pitting on pressure, and giving out from its cut surface an abundant reddish, frothy serum, that appears to escape mostly from the air-cells. It is a common opinion among pathologists, that the blood in an inflamed lung is effused into the air-cells, but we are inclined to the opinion, that it is contained chiefly in the distended vessels and in the lung tissues, although it may sometimes exude into the air-cells, but more of this anon.

In the stage of HEPATIZATION, the lung is brought into a state of solidity, more or less approaching the liver. The transition from the state of congestion to hepatization is gradual, and may be likened to the same overflow of blood, which causes the effusion of serum in pleuritis. A portion of lung thus consolidated, is so heavy that it will sink in water; but notwithstanding this it is softer than usual, so much so, that on being pressed between the fingers it is easily broken down. This softening seems to be the result chiefly of the interstitial deposit of soft, fresh lymph, which diminishes the molecular cohesion of the tissues; and the more severe the inflammation is, the greater generally is the softening.

The color of the hepatized lung varies much according to the quantity of blood left in it; if it be much, it is red; if little, pinkish brown, or reddish gray, if it be mixed with black pulmonary matter. The deposit of lymph seems to supersede the red particles, or possibly it may be formed at their expense. When a hepatized lung is cut into or torn, numerous little granular points, the size of a pin's head, and of a pearly color are often observed. As to the nature of these granules, pathologists are not agreed; the general opinion is, that they are portions of vesicles and minute tubes, with their tissues distended with a deposit of lymph, and having the same matter in their interior.

As to the pathology of the stage of resolution, we know but little. We infer, however, from the resolution of inflammation in other parts, that it is effected chiefly through absorption and disintegration. Dr. J. H. BENNETTE rejects the idea of absorption, he says, "that in every case the hepatization can only be removed by suppuration." Dr. AUSTIN FLINT, on the contrary, says, "if the progress of the disease be favorable, the exudation is removed mainly or exclusively by absorption. It may be absorbed with great rapidity. After its removal, the air-cells are found to have sustained no damage." Dr. ALONZO CLARK, in an excellent paper on the Pathology of Pneumonia, read before the Academy of Medicine, New York, November 1st, 1865, maintains "that the pneumonic deposit can be easily and entirely removed by absorption."

Dr. CLARK also maintains in this paper, that the chief seat of the pneumonic deposit is in the air-cells, and not in the interstices of the lung tissue, as taught by some of our best pathologists. To prove this position, he says that he obtained lungs that were con-

solidated by pneumonitis and after making sections it was not difficult, with the point of a needle, to turn out the contents of the air-cells and observe them microscopically. By macerating, the air-cells became relieved of the plug of effused matter, which was dissolved, and on examining the lung tissue, from which the contents of the air-cells had been removed microscopically and otherwise, not only was it found that the air-cells themselves seemed to have undergone no material change, but that there was nothing whatever in the intercellular structure indicating any effusion or inflammatory action.

In all his investigations, DR. CLARK says, that he could find no foundation for the idea of a fibrous or plastic exudation into the intervacular structure in pneumonitis. He also contends that there is no element in the third stage which is not present in the second, and the one is no more a stage of purulent infiltration than the other. What is considered as suppuration by DR. BENNETTE and others, is simply a loosening and breaking down of the effusion, with the change in the coloring matter, preparatory to its removal by absorption and expectoration. And that no individual can recover from pneumonitis without the third stage, which is really a stage of restoration.

But DR. CLARK cannot deny that suppuration does sometimes occur in a hepatized lung, and presents nearly all the phenomena of the same process in other parts of the body; that is, the semi-solid portion which constitutes the induration is lymph or blood, and is converted into pus, no matter whether it be contained in the air cells or the pulmonary tissues. Post-mortem usually shows that this suppuration is diffused, in the form of purulent infiltration; and it is very rare to find it assume the character of a distinct abscess. This is owing to the very porous structure of the lungs, which render the circumscription of the effused lymph, such as takes place in abscesses in general, a very uncommon result.

It is not, however, an uncommon thing to find on post-mortem congestion, hepatization, and suppuration all present in the same lung, but the second usually the most predominant. Frequently a large portion of the lung is found hepatized, with limited portions passing into suppuration. In most fatal cases a tendency to suppuration is exhibited in the gray and red coloring, and the increased softening of the pulmonary tissues; but a case in which a well marked suppurating lung is found to be the predominate lesion is comparatively rare, not because the tendency to this condition does not exist, but because death usually occurs before this takes place.

We, therefore, conclude that pneumonitis is not only an inflammation of interstitial tissues of the lungs, but also the air cells, and the seat of the exudation may be found in either. Where the exudation is found in the air cells, it is because their walls have been chiefly affected by the morbid process; and the blood vessels mostly in-

volved are the branches of the pulmonary artery, which constitute the plexus. When it is found exterior to the cells, it is in consequence of the disease spending its chief force upon the interstitial tissues, and the capillaries of the bronchial arteries; this is more particularly the case when there has been co-existing bronchitis. This brief explanation will in some measure clear up the seeming contrariety of opinion expressed by some of our best pathological writers as to the immediate location of pneumonitis.

As to the real pathological nature of pneumonitis, quite opposite opinions are entertained. Some tell us that it is simply an idiopathic inflammation of the interstitial tissues of the lungs, while others say it is a blood malady which nature seeks to eliminate through the air cells. Indeed, it would be an interesting study to show how unsatisfactory the generally received notion of the nature of this disease is to the most intelligent medical writers of our day. But our space is too limited to dwell on that subject just now.

Pathological research has shown that in primary pneumonitis the inferior lobes of the lungs are more liable to be affected than the superior. Indeed, the superior lobes and apices of the lungs are rarely affected with pneumonitis, excepting in connection with pulmonary tuberculosis. M. LOUIS states that he constantly found pneumonitis affecting the upper and interior part of the lung, without a trace of the disease existing posteriorly to be tuberculous; and he lays it down as a rule that this localization of pneumonitis may lead to the diagnosis of tubercular disease previously undiscovered. But there are occasionally instances of exception to this rule, and they should be well considered by the practitioner before he pronounces a positive diagnosis. The right lung is more frequently affected in this disease than the left, while double pneumonitis is less frequently met with than either.

The circumstances which mitigate or aggravate this malady are numerous. Thus, the condition of the blood itself, and the general state of the solids, have an influence in this direction. We have a marked example of this in typhoid fever, where the softening of the tissues is much greater, and the color of the lung is darker. And, also in the lungs of intemperate persons, where the tendency to the suppurative stage is more marked. Indeed, all the specific blood poisons, such as syphilis, small pox, and scarlatina, are all incidental causes of the disease. The occurrence of pneumonitis during the progress of either of these disorders is a most alarming circumstance—one that frequently destroys the life of the patient. Pneumonitis after surgical injuries is almost always the consequence of PYO-SEPT-AEMIA.

Concluded next week.

Communications.

PRESERVATION OF VACCINE VIRUS.

By A. W. LUECK, M. D.
Of Mayville, Wis.

We this spring vaccinated children with virus, which we had kept for TWO YEARS upon a shelf in our office. During this period it was exposed to the elevated temperature of the last hot summers, and still the vaccine vesicle, resulting from it, went through all its stages of development; in fact the vaccination was such a success as we could only have hoped to attain with the perfect fresh virus.

The method of preservation is that of Dr. D. PRINCE, of Jacksonville, Illinois, and, since we have followed it closely, we will give it in his own words, (recorded in the *Chicago Medical Journal* for 1865,) "Take a portion of common alum (Sulph. Alumina and Potassa,) and boil it upon a hot iron—a red hot shovel is generally employed—until the water of crystallization is driven out. From this exsiccated alum, fill half-full a bottle of an ounce or two capacity; such a bottle as is usually employed for sulphomorphia is convenient for the purpose. Envelope the vaccine seal in a convenient fold of paper (and tinfoil*) and place it in the vial over the alum. Adapt a well fitting cork, cut off even with the top of the bottle; seal air tight with good sealing wax, and set the bottle away upon a shelf.

"The one indispensable requisite to the preservation of vaccine matter is to dry it completely, and keep it dry. There is probably hardly any limit to the time it may be kept perfectly fresh and susceptible, if this condition is complied with.

"The same material may be used over from year to year by re-heating, to be sure that the vapor absorbed is thoroughly expelled. Upon this condition depends the success of the method."

* Our addition.

POISONING BY CIMICIFUGA.

By J. B. GARRISON, M. D.,
Woodville, Tennessee.

On the 21st of December, 1868, I was called in consultation to a lady, wt. 24, wife of an eminent physician of an adjoining county. She had been having labor pains during the greater part of *one month*. The pains were continuous during the day, but would cease after lying down at night. She had already reached the end of the *tenth* month of gestation; labor pains having set in at the expiration of the normal period. During the pains the uterus would contract vigorously, and the os would dilate to the size of a silver dollar, but would contract again

after the cessation of the pains at night. This was her second pregnancy. A similar condition existed at her former labor, which was terminated safely after the administration of ergot. At the time of my visit the patient was in good health and spirits, and the fetus was vigorous. It was decided to try the virtues of Cimicifuga as a parturifacient, as being safer than ergot, and from the fact that the uterine contractions were already tolerably energetic. Accordingly a drachm of Squibb's fluid extract of cimicifuga was administered. In less than two hours the patient began to complain of great pain in the head, back and limbs, with vertigo to such an extent that she could not sit up. Her pupils were enormously dilated and vision very much disordered. *The labor pains ceased entirely for 36 hours*, and the pupils remained dilated for that length of time, although the intense pain in head and limbs ceased in about 12 hours. During the first 12 hours after the toxic dose was exhibited, there was nausea and vomiting with feeble pulse and prostration. Brandy, coffee and aromatic spirits of ammonia gave relief. After the lapse of a few days the pains returned as vigorously as ever. The presentation being normal, we decided to give ergot, which was done. It produced tonic contraction of the uterus for several hours, but its influence gradually wore away and nothing was accomplished. I then punctured the membranes which were very dense (after having vainly tried to rupture with the finger,) and a large quantity of liquor amnii was evacuated. From this time the labor progressed rapidly and favorably, and in two hours the patient was delivered of a healthy child. No permanent injury to either mother or child, in this case, resulted from the cimicifuga; but I think it proper to record such an instance of its power, and consequent value as a therapeutic agent *when indicated*. It would be well enough to remark in this connection that this patient is remarkably susceptible to the influence of the narcotics; one eighth of a grain of the sulphate of morphia has produced profound narcotism requiring energetic treatment; and one two-hundredth part of a grain of the sulphate of atropia induced delirium and alarming symptoms. These facts might have been taken into consideration when the cimicifuga was given, and a minimum, instead of a maximum dose administered; but the sequel proved that it would have done no good. I place a high estimate on cimicifuga in the treatment of some forms of amenorrhoea and certain nervous disorders, but have had no experience to justify me in attributing to it any specific stimulant influence over that part of the nervous system which gives to the uterus contractile energy.

Not long ago, the Edinburgh University voted to allow a young lady to attend medical lectures, but the young men objected, and the permission was withdrawn.

Hospital Reports.

PENNSYLVANIA HOSPITAL,
Philadelphia, May 12th, 1869.

CLINIC OF PROF. J. AITKEN MEIGS.

Reported by Dr. Napheys.

Specific Skin Disease.

This old man has an eruption occupying the front of his shoulder on either side. It is remarkably symmetrical in character; could not have been more so if it had been marked out by an artist. The centre of the space described by the annular shaped eruption is now quite clear. It was the seat of vesicular and subsequently pustular disease. The border or margin is irregular in outline, and presents a broad tract of vesicular disease. Upon the limbs, the abdomen and genitals the eruption is also present. It is of a vague form between pemphigus and rupia. Upon the large limbs there are ~~south~~ blottches which have some of the characters of rupia when it first appears. Symmetry of character is a remarkable feature of secondary syphilitic eruptive trouble. In the tertiary period or stage of the disease this symmetry disappears, and the eruption takes place irregularly over the body, not conforming to any system whatever. The man denies emphatically anything like a syphilitic history. This is just one of those cases in which the physician should prefer to trust to his own eyes rather than to the statements of the patient. The symmetrical character of this affection would point to its being a secondary manifestation; but there is one peculiarity which inclines to the opinion that it is a tertiary symptom, and that is the character of the margin of the eruptive patches upon the front of the chest and shoulders. The centre is clear. It gives a good idea of what is called the serpiginous eruption of the tertiary form of the disease, in which ulceration takes place in one portion of the skin, and then heals up and breaks out again in a line around the original ulcer, thus spreading itself in larger and larger ulcers as it goes further from the centre. In secondary disease of the skin the cuticle alone is affected; in the tertiary form the eruption becomes deeper.

In cases of skin disease of doubtful origin it is best for the practitioner to give himself the benefit of the doubt by instituting a constitutional specific treatment. This man has been placed on the treatment for constitutional syphilis. He has improved a great deal. When he came into the hospital he was in a very wretched condition.

Heredity Syphilis.

This little girl came into the hospital with a broken down, emaciated state of the system. From her whole history and condition there is no doubt that the case is one of hereditary syphilitic taint.

There has been complete disappearance of the uvula, phagedena ulceration has extended up the posterior nares, and the ala of the nose on the left side has been destroyed.

Hereditary syphilis attacking a child soon after its birth will show itself by some inflammation of the mucous membrane of the mouth, constituting syphilitic stomatitis, which passes back into the throat, affecting the fauces; a roseolous rash appears upon the skin, and the child has a peculiar snuffling symptom due to swelling of the schneiderian membrane. The disease will run through stages just as in acquired syphilis.

The patient has been placed under the usual specific constitutional treatment, and subsequently cod-liver oil and iron added. She is rapidly improving.

Consolidation Following Pneumonia.

This man came into the hospital a short time ago suffering from pleuropneumonia. Complete dullness yet remains in the left side of the chest; the respiratory murmur is exceedingly enfeebled on that side; and he is troubled with an irritative cough. The vesicular murmur is clear and distinct on the right side.

This is one of the results of acute pneumonia, when resolution stops short at the stage of consolidation. This condition of the lung often continues for a long time. Slow and gradual absorption may take place of the effused lymph, and the patient recover. But if there be any hereditary tendency to phthisis, under such circumstances, the interference with the aeration of the blood and the consequent impairment of nutrition will gradually pave the way to the development of that disease, which, without the accident of pneumonia, might never have made its appearance.

The patient is on the use of muriate of ammonia and wild cherry.

Case of Dysentery.

This man has been in the hospital for a week. His physiognomy is characteristic of dysentery, the nose is sharp, the cheeks flushed. The discharges have been exceedingly frequent, as many as thirty in the twenty-four hours; they are small, consisting of blood and mucus. He is beginning to improve, has had five passages since last evening at six o'clock, had less pain, and rested better.

He was put on the use of the oleaginous mixture and laudanum, with no appearance of fecal stools for several days. He is now taking the mild chloride of mercury, one-fourth of a grain, with three grains of Dover's powder every third hour. The discharges have begun to look a little more yellow and natural. This is the condition which it is aimed to effect in these cases.

The patient has something of a malarious look. It is often difficult to distinguish between the malarial physiognomy and that produced by dysenteric trouble.

May 15th. The patient looks and feels better. Moved five times since yesterday morning. The remedies employed have produced a better action of the liver, which was congested, and relieved the embarrassed portal circulation. He took the calomel and Dover's powder for two and a half days. Then, the stools becoming more bilious and less frequent, the mercurial was withdrawn, and he is now taking Dover's powder alone.

His tongue has cleaned very much and has lost the very red look it had. In this affection, after the bilious coating or fire has disappeared, it leaves the tongue of a red, angry, glassy look, which condition becomes an index of the state of the mucous lining of the bowels.

He is on the use of farinaceous diet, which is a matter of a great deal of importance in dysenteric affections. Indeed, when the attack is not exceedingly severe, dietetic considerations are of more value than medicine itself.

EDITORIAL DEPARTMENT.

Periscope.

Extensive Saw-Wound of the Skull.

Dr. A. C. FOLSOM, in the *Pacific Medical and Surgical Journal*, relates the following case, to which we have already alluded:

The patient was an employee, 40 years of age, of the Casper Mill company, and received an extensive and dangerous wound of the head from a circular saw, August 14th, 1864. I first saw him about half an hour after the accident, and made a hasty examination. The wound extended through the scalp and bones of the cranium and into the brain. Pulse 74, full, soft and flowing. Hemorrhage slight. Patient perfectly conscious, and free from pain. I suggested the propriety of moving him to Pine Grove, one-half mile distant, to a more comfortable room. He thought himself able to walk. He was conveyed on a litter. On his arrival I made a careful examination. The wound commenced at the frontal bone, one-half an inch above the nose, and extended a little to the left and below the occipital protuberance, passing through the superior edge of the parietal bone. Measured by the convex surface of the skull, the length of the cut in the bones of the cranium was nine inches. They fell apart over an inch, the length of the scalp-wound being eleven inches. The membranes of the brain as well as its substance were divided, the former much lacerated, and the lat-

ter falling apart sufficient to admit a common pocket-rule to the depth of one and one-half inches, and a small silver probe two inches before touching the walls of the cut. The saw being circular in form, the wound must have been fully three inches deep, extending nearly if not quite to the base of the brain. Thirty-two minute pieces of bone, together with considerable sawdust, were taken from the wound, also, a table spoonful of the substance of the brain. The saw itself must have removed as much more. Warm water was used to promote hemorrhage while dressing the first time. The patient did not lose over two ounces of blood. No large arteries were severed. The pulsation of all the cerebral arteries could be distinctly seen. All that portion of the brain visible appeared normal. There was no congestion of the brain or its membranes. During the examination and dressing the pulse remained at 74. There was no pain or undue sensitiveness about the wound. The patient could not tell when the brain, its membranes, or the walls of the cut were touched, even when pressed upon with considerable force. He was sensible when the scalp-wound was touched. After removing the hair from the scalp, and cleansing the wound, a common tourniquet, without the pad, was applied to the head, and the edges of the cranial bones were gradually and carefully drawn together. The wound in the scalp required six stitches, an opening being left at each end and one in the centre. Adhesive plaster completed the dressing. I visited the patient daily for three weeks. The stitches were removed on the fourth day. The wound healed by first intention, excepting at the three points where purposely left open. I never succeeded in detecting any variation in the pulse, any cerebral disturbance or any irregularity of the digestive or urinary organs, and none was ever reported by his nurses. No medicine was ever needed during his confinement, not even an opiate. His appetite was always good and his sleep regular. There was a slight coating of the tongue the second day, but none afterward. The patient was dismissed after daily attention of three weeks, with the recommendation of perfect quiet for two or three weeks more. In five or six weeks from the date of injury he resumed his duties as foreman at the mill, and has filled that position ever since. I have recently examined the cicatrix. The bones appear firm with very little unnatural callus. Mental faculties perfectly intact. He says himself, that he has never suffered from head-

sche, and never experienced any inconvenience from the injury, that he is aware of.

The preservation of his mental faculties is perhaps the most remarkable feature in this very remarkable case. That he should have lived beyond a few moments is surprising; but his final recovery—his brain actually cut in two, accompanied with loss of substance but without any mental or physical derangement whatever, not even temporary—appears almost incredible. Nevertheless it is true, and ample proof can be furnished if needed.

It may not be amiss to mention that the saw by which he was wounded is about $\frac{1}{4}$ inch thick and about 18 inches in diameter, with a speed of about 2000 revolutions per minute. The patient states that "he did not feel the cutting of the saw much, but heard it jingle and ring as it cut through the bones." It is obvious there could have been very little if any concussion, and certainly there was scarcely any hemorrhage. Perhaps for these reasons death was not instantaneous or nearly so. That he should ever perfectly recover is a great mystery. Others of the profession may advance a satisfactory theory to account for the recovery. I have none to offer.

The cut extended from the root of the nose to the occipital protuberance, or rather $\frac{1}{4}$ an inch below it, consequently passing through the left parietal bone, and across the coronal and lambdoidal sutures; missing the longitudinal sinus. The widest gap in the skull was at the union of the coronal and saggittal sutures; that is, the point where measurement was taken. The wound in the scalp was longer than in the skull, at the back of the head, so I am aware there was no further fracture of the parietal bone. But fracture at the frontal bone I always suspected, for I could account for the gaping in no other way. But the wound was so horribly frightful, that I dare not make any very minute examination; confining my *surgery* in the case, to cleansing the the wound and bringing the bones together in the manner described; expecting to have him die while dressing his wound, and feeling tolerably certain I could examine him soon, after death, and satisfy myself more fully as to the nature and extent of the injury. Why hemorrhage was not fatal, (in fact there was scarcely any,) is because circular saws have never produced hemorrhage to my knowledge. They strangulate the arteries. I believe the femoral artery could be cut by them without producing immediate death. I dare not publish it as my opinion, but I believe the

saw reached the base of the skull. How could the bones fall apart otherwise? That they did fall apart I am certain, and measured the opening.

Postural Treatment of Prolapsed Funis.

Dr. M. YARNALL, St. Louis, furnishes the following cases to the *Humboldt Med. Archives*:

I lay before the medical profession a report of fifteen cases of prolapsus of the umbilical cord, occurring in the practice of Dr. T. L. PAPIN, of this city, in which reduction was effected by placing the parturient woman on her elbows and knees, the chest being depressed as much as possible, and the pelvis elevated so as to cause the abdominal viscera, with the uterus and its contents, to gravitate as far as possible from the superior strait. In this position the bulk of the prolapsed portion being held in the palm of the hand, the fingers and thumb extended embracing the cord, it is by gentle manipulation between the pains gradually passed back within the womb and beyond the promontory of the sacrum, and held in that position until the foetal head becomes engaged in the superior strait, thus preventing a recurrence of the prolapse. The woman is then gently placed on her left side and delivered in the usual manner.

Of the fifteen cases, ten were born alive and did well; of the five remaining cases, all of whom died, one died from subsequent compression of the cord with the forceps after the cord had been successfully returned; in another the cord was completely severed with the same instruments; one died from the too free administration of ergot, and the remaining two were cases in which the children were in the transverse position, and no retaining of the cord was possible, as there was no engaging portion of the child to keep it up, and by the time the uterus was sufficiently dilated to turn and deliver the children were dead.

In every case here reported the cord was fully prolapsed, being in some entirely out of the vagina, and in several it was extraordinarily long and large. In two instances I witnessed the operation, Dr. PAPIN being at the time my preceptor, and I know several of the children who are now living in this city.

At the time these operations were performed a publication of them was not anticipated, and the names of the mothers and children, with the date of birth in each case, was not preserved; and hence only the more important features, including the number and result, are presented.

The method of operating is not original with Dr. PAPIN, but was suggested by an article published in 1854 or 1855 in a medical journal, merely as a suggestion, the author probably being Dr. GAILLARD THOMAS, of New York; of this, however, the Dr. is uncertain. He (Dr. PAPIN) had had a case but a short time previous to seeing the suggestion referred to, in which he had failed to replace the funis, and before the child could be delivered it was dead. The first successful case followed soon after, while both the suggestion and the loss of the first child were still fresh in his memory; the operation was performed and the success was complete. The other cases have occurred at intervals since.

Only two of these fifteen cases of this rare complication of labor happened in Dr. PAPIN's own practice; the others were cases in which he was sent for by midwives who were in attendance.

Hair Dyes and Cosmetics.

Some hair dyes are innocent enough, and do not require any warning on the part of the medical man; others are dangerous, and the use of both kinds requires tiresome manipulations. Among the innocent kinds we may mention infusion of beans, and cypress cones, of willow bark, and ivory black. Among the second kind may be enumerated sulphate of lead, mingled with hydrate of lime and water, carbonate, acetate, and sub-acetate of lead in solution, to which dilute sulphuric acid is added, and which dyes the hair a dark brown. The salts of silver, too, are much used to blacken the hair, but they make the scalp irritable, and burn the skin and the hair follicles, and tend to produce baldness. Among the formulas mentioned are (1) acetate of lead, gr. xxx.; carbonate of lime, gr. xlvi.; quick-lime slaked, gr. xl.; or (2) oxide of lead, two drs.; slaked lime, one ounce; starch, one ounce; and solution of potash, two drs.; (3) nitrate of silver, two drs.; bitartrate of potash, two drs.; feeble ammonia, four drs.; and lead, four drs.; (4) nitrate of silver and photo-nitrate of mercury, of each four drs., to four ounces of distilled water.

Such are the recipes most used by the hair-dyers of Paris and elsewhere; and it is evident that lead poisoning might easily be contracted by the use of those which contain the oxide of lead, and, as before remarked, that baldness would be likely to be favored by the use of those containing nitrate of silver. Cer-

tain substances are used for changing the color of the skin; for example, the white cosmetics, bismuth, or pearl white, is sometimes mixed with a notable quantity of arsenious acid, when it is dangerous; but when this substance is purified, it is innocent. A cosmetic, named Theenard's "fard," is composed of zinc flowers and talc in equal proportions, and is the best and most innocent cosmetic. The common white "fard" of the theatres is dangerous, containing as it does carbonate of lead. With regard to red colors or cosmetics, Brazil wood and cochineal may both be employed without danger. The carmine of Germany or China, too, is innocent, whilst rouge containing mercury is much to be avoided.—*Medical Times and Gazette.*

Misery in Pekin.

The last report of the British hospital at Pekin has the following description: This year, as in former years, the number of beggars has been very great, chiefly with syphilitic condylomata, scabies, psoriasis, ulcers, and carbuncles. They almost invariably ascribe their afflictions to the House of Refuge outside the Chang-yih-men, where during the winter months upwards of a thousand are huddled closely together on hot kangs, often as many as forty on one bed. Each room has two such earthen beds, with sufficient space in the centre to admit of ingress and egress, a raised fireplace for supplying warm water and standing room for the overseer. The recumbent position is unattainable. The beggars sit naked with their knees drawn up, each bolstering the other. Whatever contagious or infectious diseases are brought in or are there generated, soon spread and involve all. The condylomata or cauliflower-like excrescences are sometimes numerous and of large dimensions round the arms, in the perineum, and on the genitals. But when the whole body is so attacked, the armpits and inner aspect of the arms, the scalps, eyebrows, etc., the appearance baffles description.

Electro-puncture in Thoracic Aneurism.

In the *Gazetta Medica Italiana-Lombardia* for October 31, Dr. CINISELLE relates a case in which electro-puncture was employed in the case of an aneurism of the ascending aorta, occurring in a man of good constitution, 46 years of age. The report comes down to the seventy-fourth day after the operation, by which time the patient had apparently quite recovered, and returned to his employment.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 12, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Eds.*

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief as possible to do justice to the subject, and carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

ON PATENTING SURGICAL INSTRUMENTS.

A change in the views of English medical men is perceptible on the question of the propriety of a surgeon taking out a patent for an instrument he has invented. Although we have always felt it the duty of a physician who subscribed to a fixed code of ethics, to abide by its regulations, and therefore have always opposed, on technical grounds, the taking letters patent on improvements in surgical appliances, we freely grant that there is no *a-priori* immorality in the act.

Dr. Chapman, well known as the inventor and *patentee* of the spinal ice-bag, says, in his work on sea-sickness, that "a due regard for the public welfare has necessitated professional repudiation of men who deal in *secretly compounded*, or quack medicines." . . . But the same cannot be said of the grant of an exclusive privilege for a term of years, of making and vending a surgical instrument, or any mechanical instrument for a medical purpose. This privilege implies *no secrecy*, and all the privilege the patent confers is that of an exclusive right, for a term of years, of making the patented article; and I am constrained to affirm that, in so far as the policy, the expediency, the morality, the dignity, in short, the principles generally approved by the profession, condemn the patenting of mechanical inventions in connection with medicine, precisely so far do they condemn the holding of copyrights in medical and surgical works, and the titles of medical journals." Dr. Chapman evidently considers the copyright of a book, or the patentright to an invention, to be among the most certain grounds for claiming property which can be brought forward, superior, probably, to the power of acquiring property by

bequest, or by means of the transference of landed estates from one person to another. "And we are not indisposed to deny his argument," says the editor of the London *Medical Press and Circular*, "the more so that we have frequently heard it said that Dr. RICHARDSON, who has lately given such a boon to suffering humanity, by his invention of the ether-spray apparatus, instead of reaping a splendid reward for his services, has (except by means of a small subscription raised among the members of his own profession) been rather damaged in pocket by benefitting his fellows. Now, if we read Dr. CHAPMAN's letter to the *British Medical Journal*, published in the *Medical Press and Circular*, Oct. 16, 1867, we find that he there says: 'I have been informed that soon after Dr. RICHARDSON invented his ether-spray instrument, Her Majesty's physician, Dr. JENNER, said if *he were Dr. Richardson he would patent the instrument*.' And further on we read, 'Before I patented the spine-bags, I consulted the President of the College of Physicians, SIR THOMAS WATSON, and the head of the Privy Council, Mr. SIMON, and both these gentlemen expressed the opinion that I was justified in doing so.' Such quotations, in our humble opinion, show that Dr. CHAPMAN is, in all probability, right, and the majority of the profession wrong, in objecting to his patenting an instrument which is *by no means mysterious or secret*."

We shall not be sorry to see this frank admission gain ground with the profession in this country, and the prohibition of patenting instruments re-considered.

**MEDICAL EDUCATION ABROAD:
FRANCE.**

Some interesting descriptions of the course of medical studies in the several continental countries have recently appeared in the *Medical Press and Circular* and the *Medical Times and Gazette* of London. As at this time medical education is a topic of great interest with us, our readers may feel a desire to know how they arrange this matter over the water. We shall first describe the French system. The minister and council of public instruction make the programme of the lectures, select the text-books, etc. There are in the whole of France only three medical faculties, one at Paris, one at Montpellier, and one at Strasbourg. That of Paris has twenty-five regular professors, and numerous assistants and lecturers. Each of the university towns

has a superior school of pharmacy, and there are 21 preparatory schools or academies of medicine and pharmacy, viz: At Amiens, Angers, Arras, Besançon, Bordeaux, Caen, Clermont-Ferrand, Dijon, Grenoble, Lille, Limoges, Lyon, Marseilles, Nancy, Nantes, Poitiers, Reims, Rennes, Rones, Toulouse, Tours, Chambery and Algiers are designated to become seats of learning. A military school is connected with the Val de Grace hospital, and military naval schools with some naval military hospitals, for instance, that of Brest.

There are lycées for secondary education, where the pupils are prepared for the examination for the baccalaureat es sciences. This is in writing and *viva voce*, and corresponds to the American grade of A. B.

Having obtained the certificate the student may get matriculated at a faculty. He follows his studies for four years in accordance with a programme sanctioned by authority, at least if he wishes to become a graduated doctor. There are two classes of medical men in France, the M. D.'s and the "officiers de sante." The latter study only three years, their examen is easier and less expensive, but they have only the right to settle in their own department, and not to undertake certain difficult operations. They do not practice pharmacy, but may occasionally be obliged to dispense their own medicines; they are, however, dying out.

The higher class of students have to devote two years to the natural sciences, anatomy, physiology, and the theory of medicine and surgery, and two more years to the practice of medicine, surgery and midwifery. Formerly the clinical instruction was postponed to the fourth year, but a recent law of June 16th, 1860, makes it obligatory to devote two years to the "stage" of the cliniques.

The externes are hospital assistants living outside of the walls, the internes live in it. Those who wish to become externes must be 18 years old, and inscribed in the faculty, but one inscription is sufficient. The externes are, however, chosen from the pupils, who pass a competitive examination according to merit. They attend the visits of the professors to whom they are allotted, and assist the internes in keeping the books. It is a rule to become externe to a suburban hospital before being admitted to a central one. There are "feuilles de présence" kept, wherein they have to inscribe their names to control their regular attendance, but this rule has often been evaded by others putting down the names

of their friends. No one is entitled to be externe for more than three years. The "internes" are chosen out of the externes who pass with most credit at the next competitive examinations; they are appointed for two years, generally after the four years of study are over. They then live in the hospital, receiving small salaries and board, and perform the duties of house physicians and surgeons. After the professional visit, they fill up from their notes three books, one for the diet, another for prescriptions, a third for transference of patients or discharges.

The students pass examinations at the end of each year (*examen de fin d'annee*.) The first year's is on physics and chemistry, the second on anatomy and physiology, the third on pathology. Those who distinguish themselves at the examen of the fourth year, generally become internes at once. The examination for the license is in writing and *viva voce*, includes questioning at the bedside and operations on the dead body. The doctorate is the last and least stringent act of the state examinations. The *thesis* which is read before the representative of the faculty is generally written in French and defended in the same language, and it must be admitted that the first instalments of many excellent scientific works are produced during an academic year. As soon as an interne has obtained the degree of M. D., he has to give up his appointment. They often remain internes for three or four years, and even longer.

After this they often become military surgeons, or poor-law officers, or get other appointments.

Most appointments are obtained by passing competitive examinations. The concours are open for the externes and internes, those foreigners not being excluded who have taken their domicile in France. The Concours date from the year 1802. There are public meetings at the end of the academical year before juries. The members of the juries are nominated by lot; no jury contains more than two members belonging to the same establishment. The concours of the "externate" is confined to the medical affairs of the "bureau central." They take into account the testimonials of the clinical professors. The jury for the election of medical officers of the bureau central are hospital physicians and surgeons, five in number. For a surgical appointment, four of the members are surgeons, and one a physician; for a medical one, four are physicians, and one a surgeon.

The juries for the appointment of hospital physicians includes the leading members of the profession. The nomination is by the minister.

There is no apprenticeship in France as in England, but a sort of pupilage to a medical practitioner. Pupils who had no medical education assisted practitioners in the country in visiting, went afterwards to the provincial schools of medicine and became "officiers de santé."

There is no particular state examination for medical officers of health. Medical inspectors are appointed by the government, and they have usually been in office before. There is a class of special inspectors for mineral baths, and for stations in the East.

Notes and Comments.

THERAPEUTICAL BULLETIN.

Compiled by Geo. H. NAPHEYS, M. D.

No. 15.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, now in use by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulae for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, collyria, etc., etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

TREATMENT OF EPILEPSY.

C. E. BROWN-SEQUARD, M. D., F. R. S., etc.

128. R.	Potassii iodidi,	$\frac{3}{2}$ j.
	Potassii bromidi,	$\frac{3}{2}$ j.
	Ammonii bromidi,	$\frac{3}{2}$ iss.
	Potassæ bicarbonatis,	$\frac{3}{2}$ j.
	Infus Calumbe,	$\frac{1}{2}$ v. $\frac{1}{2}$ q.

A teaspoonful before each of the three meals, and three teaspoonsful at bed time, with a little water. In cases of idiopathic epilepsy, in which patients derive no benefit, or have ceased to have any, from the use of the bromide or iodide of potassium, alone or combined, or of the bromide of ammonium alone.

When the patient's pulse is weak, substitute for the bicarbonate potash in the above formulæ the sesquicarbonate of ammonia, and for

the six ounces of infusion of columbo, an ounce and a half of the tincture of that medicine with four ounces and a half of distilled water.

Dr. BROWN-SEQUARD gives the following very important rules relative to the treatment of epilepsy by the bromides of potassium and ammonium, employed together or separately:

1. That the occurrence during the day of the sleepiness, caused by the remedies, can be avoided by giving relatively small doses in the day time, and a much larger dose late in the evening.

2. That the quantity of these medicinæ to be taken each day must be large enough to produce an evident though not complete anesthesia of the fauces and upper parts of the pharynx and larynx; that daily quantity being from 45 to 80 grs. of the bromide of potassium, and from 28 to 45 grs. of the bromide of ammonium, when only one of the salts is employed, and a smaller quantity of each, but especially of the second, when they are given together.

3. That an acne-like eruption on the face, neck, shoulders, &c., should be produced, and it is most important to increase the dose when there is no eruption, and also when the eruption is disappearing, unless the dose already given within twenty-four hours is already so large that any increase of it causes great sleepiness in the day time, a decided lack of will, of mental activity, dullness of the senses, drooping of the head, considerable weakness of the body, and a somewhat tottering gait.

4. That it is never safe for a patient taking either of the bromides, or both, and receiving benefit therefrom, to be only one day without his medicine, so long as he has not been at least fifteen or sixteen months quite free from attacks.

5. That the debilitating effect of the bromide in patients already weak, as are most epileptics, ought to be prevented or lessened by the use of strychnine, arsenic, or the oxide of silver, ammonia, or cod liver oil, cold douches or shower baths, and, of course, wine and a most nourishing diet. In making use of strychnine or arsenic, it must be kept in mind that not only the bad influences of the bromide, but also their favorable influences against epilepsy can be diminished by these powerful agents (especially strychnine), and that it is therefore necessary when these agents are used to increase the dose of the bromide.

6. That iron and quinine, which are generally injurious to epileptics, except in cases

in which the nervous affection is caused, or at least aggravated, by chlorosis, anaemia, or malarial cachexia, are more particularly injurious in cases in which the bromides are taken.

7. That a gentle purge every five or six weeks usually gives a new impulse to the usefulness of the bromides against epilepsy.

HYPODERMIC INJECTION.

129. R. Morphiae sulphatis, gr. 1-4.
Atropiae sulphatis, gr. 1-60. *m.*

For one injection, in a few minims of distilled water. Our author succeeded in curing a dose of epilepsy by the use of this injection.

INHALATION OF CHLOROFORM.

In a case of a gentleman who had pretty regular weekly attacks of epilepsy, Dr. BROWN SEQUARD employed chloroform by inhalation, almost without interruption, for two or three days successively, with the object of preventing the expected fit or fits. It was of the greatest importance, in that case, to prevent a fit, as the patient, in a preceding attack, had fractured and dislocated one of his arms. The inhalation of chloroform saved him from the expected attack, and the callus had time to be formed before he had another fit.

GEORGE JOHNSON, M. D., F. R. C. P., physician to King's College Hospital, etc., London, speaks in high terms of chloroform in connection with bromide of potassium in this affection. He thinks that the action of chloroform inhalation, in warding off a threatened fit, and in cutting short a violent and prolonged paroxysm, is as uniform and certain as the action of anaemia in exciting convulsions.

THOMAS HAWKES TANNER, M. D., F. L. S., etc., London, has used the vapor of chloroform, and believes that the fits have diminished both in severity and number from its employment.

J. PHILPOT WEBB, M. D., of Nevada City, California, Licentiate of the Royal College of Physicians, of Edinburgh, etc., has recently reported a case of epileptiform convulsions, arrested by chloroform inhalations in a boy aged fifteen.

MECHANICAL AND PHYSICAL MEANS.

Dr. BROWN SEQUARD has found:

1. That it is not necessary to apply an irritation (by a ligature, pinching, etc.,) on the very limb from which an aura seems to start, as the same means applied elsewhere may succeed; but the chance of success is much

greater by the former than by the latter way.

2. That a constant or a frequent irritation (by a blister, an issue, a seton, the actual cautery, &c.,) on the place from which an aura seems to start, may not only prevent fits, but, by some change of nutrition, locally, (if the aura is really of peripheral origin,) and, in the nervous centres, may reduce, or even destroy altogether, the tendency to fits, and lead to a complete cure.

3. That as a circular ligature may procure a temporary good effect, so a narrow *circular blister*, applied all around a limb, a toe, or a finger, or a circular cauterization with a white-hot iron, may cure epilepsy, in cases with a distinct aura.

4. That even in cases in which there is no aura felt or unfelt, ligatures, pinching, and other means of irritation, may prevent the occurring of expected fits.

When an attack of epilepsy is followed by a comatose state, or even a sleep with heavy breathing, it is of the greatest importance to place the head of the patient in such a position that the tongue, which is then paralyzed, will not fall on the larynx and cover its aperture.

T. S. CLOUSTON, M. D., EDINBURGH.

From extensive and very elaborately conducted experiments to determine the precise effect of bromide of potassium in epilepsy, and its proper dose, Dr. CLOUSTON found that the diminution of the fits, and all the other good effects of the medicine reached their maximum in adults, at thirty grain doses ter die, while ill effects were manifested when thirty-five grain doses ter die were reached.

J. WARING CURRAN, L. L., & Q. C. P. J., etc.

130. R. Zinci oxidii, gr. iijss.
Ext. glycyrrhize, q. s.

For one pill.

One or two to be taken ter die. This, together with the bromide of potassium in mixture, forms a method of treatment not to be equalled in epilepsy, when assisted by the occasional application of Chapman's spinal ice bag. Neither remedy succeeds so well alone; the one is essential to the other.

J. M. DA COSTA, M. D.

131 R. Zinci valerianatis, gr. iiij.
Extracti belladonnæ, gr. ½.
Pulveris digitalis, gr. ¼.

For one pill.

To be taken three times a day in case of epilepsy associated with irregularity of the heart.

**PROF. WILLIAM A. HAMMOND, M. D., ETC.,
NEW YORK.**

In regard to the dose of bromide of potassium in epilepsy, Dr. HAMMOND states that the symptoms due to large doses of the bromide may be enumerated as follows, in the usual order of their occurrence: 1. Contraction of the pupils; 2. Drowsiness; 3. Weakness of the arms and legs; 4. Depression of mind; 5. Failure of memory; 6. Delusions. The first three of these are the usual accompaniments of a dose of the medicine capable of producing any influence over epilepsy. In adults they never follow less doses than ten grains. Doses of five grains produce no effect.

**HOSPITAL OF DISEASES OF THE CHEST,
LONDON.**

132. R. Potassi bromidi,	gr. x.
Tincture conii,	ij. xxx.
Tincture valerianæ ammoniateæ, ij. x.	
Aqua camphoræ;	fz j.

For one dose, ter die.

**HOSPITAL OF UNIVERSITY COLLEGE,
LONDON.**

133. R. Potassi bromidi,	gr. x.
Spts. Chlorformi,	ij. xvij.
Infusi quassiae,	fz j. m.

For one dose, ter die.

DR. MARSHALL HALL.

134. R. Strychnie acetatis,	gr. j.
Acidi acetic,	ij. xx.
Alcholis,	fz ij.
Aqua distillatae,	fz vj. m.

Ten drops (= gr. 1-50) to be taken in water ter die.

WALTER TYRRELL, M. R. C. S., states that he has watched the effects of strychnine upon various forms of epilepsy and has no hesitation in affirming that in a large majority of cases its effects are most beneficial. He found but three cases in which it produced no favorable result, and no case in which it produced an unfavorable effect. He gives a medium quantity, as a dose, for a lengthened period, rather than carrying the dose very high at first. The best results are obtained from gr. 1-10, to gr. 1-8 twice a day, in solution, the system appearing to regain its nervous strength under the continued use of the medicine.

Florida as a Winter Resort for Invalids.

The Boston *Journal of Chemistry* for June has the following remark:

"The number of invalids who have migrated from the North to Florida, the past winter, is very large. It has been stated that up to February more than *forty thousand* had passed

through Richmond and Lynchburg, on their way south. It is evident that this matter of sending sick people to Florida may be fraught with mischief to many, and that no one should leave a comfortable northern home except under the advice of a judicious, sensible physician.

Dr. J. D. MITCHELL, of Jacksonville, writes to a friend as follows: 'East Florida is crowded with visitors from the North this winter; and notwithstanding so much has been written upon Florida and its hygienic advantages, etc., a great many of those who are in the last stages of consumption come here to die amongst strangers. It is strange physicians do not try to learn more concerning our climate, so as to be able to more correctly judge what cases can be benefitted and what made worse.'

We take occasion in this connection to mention that Dr. D. G. BRINTON, one of the editors of this journal, has now ready for press a "Guide Book of Florida and the South Atlantic States," especially designed for tourists and *invalids*. It will appear in August, and will contain full and minute information on the climate, soil, accommodations, routes, etc., of Florida, with a number of chapters expressly for invalids, describing what cases can be benefitted by such a change.

Dr. BRINTON speaks from personal observation and a thorough knowledge of the country gained in extended tours in different parts of the peninsula.

Prof. Herba, the Dermatologist.

The Vienna correspondent of the *Medical Press and Circular* of London says: "There are specialists for the diseases of almost every organ at Vienna. First, for the diseases of the skin there is the greatest authority, not only in Vienna, but in the whole of Europe—except England, France, and Italy—Professor Hebra, a fat, short man, with a remarkable boldness and sincerity in speaking. His lectures are visited and diligently followed by all nations, except those of the Latin race; principally by Swedes and Norwegians. He has a great hospital at his disposition for demonstrations, and each man is presented, undressed, but the women only expose the affected parts. His work on the diseases of the skin is accompanied by plates most skilfully painted after nature by a physician who was at the same time a great artist. The work was printed at the expense of the Academy of Sciences. I heard him (who does not believe at all in homœopathy, but hates it less than the orthodox school) apostrophise his audience, when speak-

ing of acute exanthems, thus:—‘ Gentlemen,—I beg you particularly not to treat these diseases by another method than by homeopathy; that is to say, *do nothing!*’ And on speaking of chronic skin diseases, especially eczema, he quoted a case which could not be cured by him. The patient did not return for a long time. Finally he met him in the street and found him quite cured, and asked how he was cured. He answered, ‘*By Homeopathy.*’ The professor remarked on this—‘ But do not believe that it was the remedies; not at all—but the regimen, the abstinence from all external treatment, particularly from water and ointments.’”

Cure for Snakebites.

Mr. Arthur Baillie, of Plymouth, paid attention to this subject as early as 1835. He entertained an idea that an emetic would be efficacious. Many years passed before he had an opportunity of trying the effect of such treatment. At length, in 1849, when he was staying at a cattle farm in Venezuelan Guiana, an Indian peon was brought to him who had been bitten by a rattlesnake. He treated him as he had previously determined, and had the satisfaction of seeing him recover. At the time he took notes of the case, and, a few weeks after, sent them to London for publication, and the fact was duly recorded in the *Medical Times*, September 1, 1840. He confidently recommends to the Profession the following treatment: When a man is bitten by a venomous snake, the prompt exhibition of a full dose of ipecacuanha combined with a little extract of capsicum, which is a powerful diffusive stimulant. After waiting fifteen or twenty minutes, let him have warm water to promote its operation. After that ceases, give him some light or liquid food, with brandy or other alcoholic stimulant. Ligatures and all kinds of applications to the external wounds are useless; the punctures simply indicate the part where the reptile has injected two drops of venom into the capillaries.

Suicides at St. Petersburg.

Dr. HUBNER gives the following particulars of those which occurred during the years 1858-67. They were 544 in number, 461 men and 83 women. During the same period there occurred 477 (384 males and 93 females) sudden deaths, and 424 (346 males and 78 females) deaths from drunkenness. Hanging was the most frequent form of suicide; officers, stu-

dents, and man-servants chose shooting in preference; officials and clerks chose sharp instruments, and the inhabitants of Finland and the Eastern maritime provinces preferred drowning. A suicide took place as early as 11 years of age. Twenty was the most frequent age, then came 30, and lastly 40. In the period 1858-67 there occurred 198 suicides (31 females) from hanging and strangling, 117 (31 females) from cutthroat or suffocation, 103 (22 females) from drowning, 54 from gunshot, 49 (11 females) from precipitation, 22 (4 females) from poisoning, and one man fractured his skull total, 544. As far as the causes can be ascertained, Dr. HUBNER arranges them in 4 categories, which attribute 112 suicides to insanity, 21 to bodily suffering, 114 to drunkenness, and 15 to family differences.—*Beilage zur deutschen Klinik*, Nov. 2.

Criminal Poisoning.

M. CHEVALIER furnishes a table indicating the various substances which have been employed for the purpose of poisoning in the cases which have led to criminal proceedings in France during the ten years 1855-65. The total number of cases is 494, and the following is the list of the respective articles employed, twenty-nine in number:—Arsenic, 135 times; phosphorus, 180; verdigris, 15; sulphuric acid, 22; sulphate of copper, 83; nux vomica, 1; mercurial ointment, 1; cantharides, 10; glass in powder, 2; sulphate of iron, 3; colchicum, 1; Fioravanti balsam, 1; hellebore, 6; tartar emetic, 2; laudanum, 6; carbonic acid, 1; *eau sedative*, 2; ammonia, 3; hydrochloric acid, 4; strychnia, 5; syrup of poppies, 1; mercury, 2; morphia, 1; potash, 1; digitaline, 2; nicotine 1; prussic-acid, 1; croton oil, 1; antimony, 1; total, 494.—*Chimie Med.*, January.

Description of a New Ligament.

O. LANNELONG and A. LE DENTU—(*Arch. de Physiol. Norm. et Pathol.* 1, 448-450) describe a ligament which arises from the posterior layer of the sheath of the sterno-thyroid muscle, inserts itself at the inner surface of the first rib, behind the sterno-clavicular articulation, and is thence continued to the anterior surface of the pericardium. This band includes the remains of the thymus gland. It serves to fix the pericardium at its anterior portion, and is the counterpart of the “ligamentum vertebro-pericardiaceum,” described by Beraud, which attaches the posterior surface of the pericardium to the spinal column.

How to Cure the Staggers.

Cumbrian farmers maintain a cattle dentist, and with manifest advantage to the health of their flocks; and some among them have surprising skill in treating sheep afflicted with the staggers. This disease is caused by the presence of a hydatid, the *Tænia Coenurus*, in the brain; the skull becomes soft over the spot where the intruder lodges, and then the farmer, taking his knife, cuts out a disc of the softened bone, and, inserting a roughened quill into the brain, draws forth the cruel enemy, replaces the bone, and binds up the wound. I saw some sheep, with their heads in bandages, which had been thus treated, and had a talk with a young farmer, who told me that most of his cases survived the operation.—*Med. Times and Gaz.*

Sign of Death.

M. Carriere observes that the D'Ourches prize of 20,000 fr., if it is intended for the author of a certain and easy method of determining the reality of death, ought to be conferred on himself, for the procedure he has successfully adopted during forty years. It is simple to a degree. If you hold your hand, having the fingers well pressed against each other, four or five centimetres from a lamp or candle, it appears transparent and of a rose color—capillary action being in full activity. Place the hand of a dead person in the same conditions, and this appearance is wanting; circulation being absent, the hand is like one of stone.—*Rev. Med.*, January 31. [Quare: How would this test apply during prolonged syncope?]

**Confection of Senna in Hemorrhagic Affections.
Etc.**

Perhaps it will not be considered inopportune if at the present time I may be permitted to direct your attention to the great value of the confection of senna, administered in the usual dose, in case of haemorrhagic affections, particularly the following, viz:—Epistaxis and hemorrhoids, and even also in dysentery when there is much blood evacuated. It may be difficult to point out its *modus operandi*, but, nevertheless, it seems to operate by contracting the venous capillary system. It may, notwithstanding, possess a peculiar virtue of its own in thus arresting, and also in curing, such affections. For some years past I have been extremely gratified by its being so administered, and I think that it deserves

to be tried on a much greater scale in all affections where blood is preternaturally discharged. —*WILLOUGHBY ARDING, M. D.*
—*Times and Gazettee.*

Ague in Russia.

The ague presents to the Russian *baboushka* (wise women or midwife) a field for the most singular operations in the healing line. It is surrounded by superstition and mystery; it is called "the neighbour," (fem. gen.) the "friend;" whilst its real medical name, *likhoradka* or *likhomanka*, signifies spiteful joy or spiteful allurement, as though an unseen spirit took a spiteful delight in torturing his victim. There is a belief that until it is frightened away it will continue to bother the patient, also that when coming to a favorable crisis, it appears in a hideous form in dreams.

—*Romanoff's "Sketches of the Greco-Russian Church."*

— A not uncommon adulteration of glycerin is to mix sugar and dextrine with it. These substances have not hitherto been easy to discover when mixed with the glycerin; the following process is, however, said to answer perfectly: To 5 drops of the glycerin to be tested add 100 to 120 drops of water, 3 to 4 centigrammes of ammonium molybdate, 1 drop of pure nitric acid (25 per cent.), and boil for about a minute and a half. If any sugar or dextrine is present, the mixture assumes a deep blue color.

Physiological Effects of Tobacco.

The Secretary of the London Med. Soc. read a paper by Dr. ELLIOTT, of Hull, on the effects of tobacco and nicotine on the goat. He found that an ounce of shag tobacco eaten from his hand by a goat, had no effect at all. He then injected beneath the skin of the neck ten minims of nicotine. Violent symptoms were produced in thirty seconds; loss of power in the limbs; hurried respiration, and muscular tremor. The pulse rose from 80 and 90 to 169. Death was momentarily expected, but, in twenty hours after the operation, the goat was quite well again. Dr. ELLIOTT considered that the complete loss of power when sensation was unaffected, and the heart's action strong, had a practical bearing, favoring the opinion of Professor Haughton that nicotine is the best agent for the treatment of tetanus and poisoning by strychnia.

Correspondence.

"Death from Abortion."

EDS. MED. AND SURG. REPORTER:

Under the above title, in your issue of the 29th ult., you published a communication from Dr. Hopkins, of Utica, N. Y., in relation to a case where a girl had died from the effects of an "instrumental" abortion. Pending some diversity of "professional" opinion elicited at the Coroner's inquest, Dr. H. inquires, "Do the majority of women 'shed innocent blood'? Would the majority of women inflict such an injury upon themselves? Is not all experience to the contrary?"

In response to these questions I would say that rapidly accumulating evidence undoubtedly proves that, in many instances, woman does "shed innocent blood," and sometimes loses her own life as the penalty. In the case above referred to, the fact that the autopsy revealed a severely punctured vagina, indicates, rather than otherwise, that the victim had been her own executioner, in her blind rashness. Women, in certain straits, will make use of any means in their power to escape discovery and disgrace. Many are so circumstanced that they cannot command the pecuniary "bonus" necessary to secure the services of a "professional;" while many, learning something of the modus operandi of "professionals," and stimulated by the daring of desperation, will secretly resort to practices as hazardous as they should be detestable.

Cases of what are sometimes termed "accidental" pregnancy in the unmarried are frequently accompanied with strong incentives to the commission of this crime, when, to the disordered mind of the victim of lust, death itself appears preferable to exposure. Even within the sacred "marriage pale" are to be found women who do not hesitate to do violence to their own bodies under certain circumstances, prominent among which is the mere disagreeableness to some of the prospect of becoming mothers, and being subjected to the privations and annoyances that result from having to nurse and care for little baby "nancies."

There is reason to believe that in some localities the habit of slaughtering "the innocents" becomes so common among women as to be considered one of their *fashionable* accomplishments; and it is a notorious fact that

both wives and their husbands too often manifest a morbid eagerness in their endeavors to obtain information of the means of preventing offspring.

Wives of well-to-do husbands are often jealous of each other's immunities from the burthens of maternity, and, the force of example outweighing all restraining consideration, they grasp at even the rudest means to "get rid of the thing," consoling their consciences as far as possible with the erroneous idea that if the deed is done before they "feel life," there is nothing essentially condemnatory in the act, further than the personal peril attending its accomplishment.

Two or three years ago I was informed by "one who knew," (an intelligent lady past middle life), that the habit of inducing miscarriages had recently prevailed among the "upper ten" class of married women in a certain large town, (where she then resided) to such an extent as to become a matter of unpleasant notoriety,—until it received a temporary check by the death of the wife of one of the eminent citizens of the place. My informant asserted it was the practice among the ladies of this fashionable circle to make certain uses of instruments for themselves when they found they were *enciente*. If no specially alarming symptoms attended the accomplishment of their desires, things passed off without any in particular being the wiser; but if the exigencies of the situation made it necessary, a physician would be called in to manage the case without being informed of the *real cause* that rendered his services requisite.

The writer was once astounded by the confession of an intelligent and gifted married lady to whom he was sometimes called, professionally, to arrest attacks of violent convulsions to which she had been subject for a number of years, that during the earlier part of her married life, she had produced, by her own hand, three miscarriages on her own person, with an instrument obtained by her husband for the purpose! The dreadful operation was repeated by this young, beautiful and stylish woman because she did not want to be "bothered with babies." What was the consequence? Besides almost losing her life on the occasion of each miscarriage, this deluded woman has ever since daily, and almost hourly, suffered from aggravated disease of the womb, that has in great measure resisted skillful treatment, and robbed her life of nearly all the pleasure she hoped to secure by the avoid-

ance of the trials and self-denials of maternity. And this is not all. Now, that she has grown older and wiser, and the maternal instinct asserts its divine supremacy, and she would gladly clasp to her bosom a child born her own, she is deprived of the blessing through the inability of the disordered matrix to retain the germ of the human form divine longer than two or three months after impregnation.

G. B. H. SWAYZE, M. D.

Mahanoy City, Pa., June 3d, 1869.

Obscure Intermittent Affection.

EDITORS MED. AND SURG. REPORTER:

I accidentally came across the following case, fourteen miles from here, which I have been asked to treat. Will you or some of the profession give me, by letter or otherwise, an idea of the trouble and the treatment necessary.

Mrs. W., age 38, is the mother of three children, eldest nine and a half years, youngest eight months.

In September, 1864, she had been feeling badly for ten days, when she was attacked with a chill about the middle of the day, which lasted all the afternoon, followed by a profuse cold perspiration. She resided in the mountains, where intermittent fever was unknown. The next day a cathartic was administered, which acted severely, causing vomiting. Her medical attendant then commenced a treatment of one grain doses of quinine every hour, until ten grains were taken. Sometimes larger doses would be given, but during the morning only. She suffered severely with her head. This treatment was continued every day during the fall and winter, being confined to her bed from September until February.

No chills were distinctly felt during the time, but the disposition to them was plainly perceptible. Finally, quinine was abandoned, and arsenic substituted. Three to ten drops of Fowler's solution was given three times daily for eight days. This she believes cured her, but thinks her system was saturated with the arsenic. She had very strange feeling and burning in the flesh afterward. "The chills were turned from cold to hot."

In May, 1865, the second child was born; she then kept her bed six weeks. "Had no strength, and felt the same kind of weakness as now."

In September, 1865, placed herself under the care of a doctress to be treated for some

uterine trouble. The treatment consisted of local application to the uterus, and electricity, which cured her.

On the 17th day of September, 1868, had a very severe attack of neuralgia in the right side of the face, head, neck and arm, extending down the side, and subsequently inducing partial numbness. The fingers are at present numb. This attack brought on labor at eight months.

Present Symptoms.—A constant tired and weak feeling. The recumbent position always resorted to, though through considerable effort; sits up an hour at meal time, when it is necessary to have the back well supported. Pulse small and weak, 135 while sitting up, 105 when reclining. She does not believe it is generally so rapid. Thinks she has palpitation of the heart, and feels as if it will sometimes stop beating.

Has a dragging sensation and feeling of weakness in each lumbar and inguinal region, and in the abdominal spines, extending upward.

No appetite, but very little emaciation; bowels inclined to be loose; urine sometimes pale, and when such is the case, she suffers severely with headache. Can walk about twenty rods, and hold objects in her grasp but a few minutes. No agitation or unsteadiness in her movements.

Menstruates regularly; has a slight discharge from the vagina during the last five or six weeks. No bearing down pain.

Breathes and sleeps well; expression and color of face good; does not look as if anything ailed her.

Auscultation of the heart was overlooked; had no speculum to examine the uterus; urine not tested.

Some time previously she placed herself under the care of a Homeopathist, who after giving her nux vomica, belladonna, phosphorus, ergot, etc., and using electricity extensively for three weeks, dismissed her with the remark "there is nothing the matter with you."

W. J. CRAIGEN M. D.

Emporium, Pa.

Extra Uterine Pregnancy.

EDS. MED. AND SURG. REPORTER:

With your permission I would like to have some facts published in your valuable journal, bearing on the *comments* on the case reported by Dr. PALMER.

The Doctor assumes that his is the first

case recorded where extra uterine foetation "has gone on to and beyond the full period of gestation," and that "in no case (except the one reported by him,) has pregnancy extended beyond four and a half months."

Although extra uterine pregnancy is happily of unfrequent occurrence, there are cases, authentically recorded, where the foetus remained in its abnormal position, not only as long as Dr. PALMER's case, but much longer.

In Ramsbotham's System of Obstetrics, page 579, there is a case of extra uterine pregnancy recorded at length, under the author's own observation, in which the foetus remained eleven months in its abnormal position from the time of conception. Another case is recorded, (*Ibid.* page 573,) in which a child was removed, measuring 22 inches in length, which was retained in its extra uterine position no less than eight years.

Thus it appears, that, though Dr. Palmer's case is an interesting one, it is not an exceptional one.

P. J. ROEBUCK.

Lititz, Pa., June 4, 1869.

Bromide of Potassium in Epileptic Convulsions.
EDITORS MED. AND SURG. REPORTER:

I was called, in the month of April last, to see a young married woman who her friends stated was crazy and having fits. On arriving at the residence of my patient, I found her in the midst of one of her paroxysms, which I diagnosed to be hysterical. Recovering from this one she soon passed into another of the same kind. I attempted to give her chloroform, but she could not tolerate it in any form of administration. She recovered soon from this paroxysm, and in the course of five or ten minutes was seized with another, which manifested all the symptoms of epilepsy. She had some three or four of these epileptic convulsions during the hour which I remained with her. During that time I gave her ten or fifteen grains of opium; when I left she seemed quite rational, and was resting very easy. Having another patient some distance in the country who needed direct attentions, I promised to call again on my return. I did so, and found that my patient had recovered from the effects of the opium, and had had one or two slight paroxysms. I then left her four powders of Bromide of Potassium, each containing about five grains. These I ordered her attendants to give her every three hours.

Called to see her next day; she had had one

tolerable hard convolution and one or two slight ones of an epileptic character; continued the Bromide of Potassium the same as the day before. Called to see her the next day; had been free from any convulsions since the day previous; felt but slightly the premonitory symptoms of one or two attacks. Continue the same treatment, with the exception of lessening the dose. To this date, May 21st, she has been entirely free from the convulsions or any of its symptoms. I will state here that this woman had been suffering from the paroxysms a day or two before she came under my care. In the course of three days I discontinued the Bromide of Potassium, and put her upon the Citrate of Iron and Quinine. She is now attending to her household duties. In this case I think that the Bromide of Potassium is deserving of all the praise.

Profuse and Long Continued Lochial Discharge.
EDITORS MED. AND SURG. REPORTER:

On the morning of April 30th, I was called to see Mrs. S. She was suffering from lochial discharge of two months' duration. About a month ago her child died, since which time it has been quite profuse, of a very dark color, and very disagreeable odor. There was no tenderness or pain in the region of the uterus. The patient was somewhat anaemic from loss of blood. Had been under treatment for about two weeks, but supposing she was receiving no benefit, had discontinued her medicine.

Attributing the discharge to a relaxed state of the system, and particularly to a relaxed condition of the uterus, I decided on the following course of treatment: Fluid ext. cinchonie, fʒ j, with ferri sulph. gr. j, three times a day before meals. And also fld. ext. ergot gtt. x, morning and evening in a wineglass full of water.

Under this treatment the patient made rapid improvement up to this date, May 9th, at which time she says she is "quite well" again.

It is also proper to state that the bowels were kept regular by the administration of seidlitz powder as occasion required.

R. H. MCKAY,
Fort Craig, N. Mex. Asst. Surg. U. S. A.

Treatment of Tape-Worm.

EDS. MED. AND SURG. REPORTER:

I succeeded, a few days ago, in causing the expulsion of a tape-worm (*Tenia lata*) from an Irish woman, wt. 28, by means of the following treatment:

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Patient took three compound cathartic pills at bed-time. The next morning at nine o'clock, having taken no breakfast, she swallowed an ounce of oil of turpentine with coffee. This was followed, in the course of two hours, by an ounce of castor oil; and the worm, which is thirty-one feet long, and contains upward of 2,500 segments, made its appearance in the course of the evening.

Very truly yours,

J. W. PINKHAM.

Montclair, N. J., May 24th, 1869.

Hydrophobia.

EDITORS MED. AND SURG. REPORTER:

Having the opportunity of seeing a case of hydrophobia, I thought it would perhaps be of some interest to submit the history and treatment to the readers of your valuable journal.

The case of Clara —, et al., 16, residing on Germantown avenue, this city, was bitten by a strange cat, which had entered the house, about 9 weeks previous to the attack, inflicting only a slight wound on the right hand, about the wrist. The wound healed kindly, and no more attention was paid to it until Monday morning, 26th ult., about 6 o'clock, A. M., when she was suddenly seized with spasms, although feeling rather unwell a few days previous, with a catarrh in the head, as they called it, and also a slight numbness in the right arm.

Dr. ROSENBERGER and myself were called to see the case about 7 o'clock, A. M., and after getting the history of the case, soon recognized the disease. We at once attempted to give her morphia by the mouth, but on the approach of a liquid she was instantly seized with spasms and constrictions in her throat, with an inordinate amount of saliva in the mouth and fauces, which she attempted to clear with her hands. The pupils were dilated very much; pulse about 140. About $\frac{9}{10}$ o'clock Dr. S. R. MORRIS was invited to see the case, who at once recognized the disease, and upon his suggestion we gave her a hypodermic injection of morphia, consisting of a $\frac{1}{4}$ grain. At $12\frac{1}{2}$ o'clock we went to see her again, and found it had acted like a charm, lessening the frequency and severity of the spasms, and was more tranquilized in her mind. She expired about 4 o'clock P. M., of same day, with less intensity of agony than the majority of such cases; assigning the happy results in mitigating the sufferings of

this disease, especially, to the use of hypodermic medication, an indispensable mode of palliating the sufferings of many and innumerable diseases.

JAS. VAN BUSKIRK, M. D.

Phila., May 19th, 1869.

NEWS AND MISCELLANY.

Cure for Snake Bites.

The London *Medical Gazette* and *Times* quotes this case :

A girl, named Isabella Mellross, aged 14, had, when drawing water from a hole, been bitten on the extremity of the last phalanx of the little finger of the right hand by a carpet snake, which had coiled itself round the cord of the ascending bucket. Dr. BARNETT, who was sent for, found that the mother had excised the bitten part, and put a ligature round the finger immediately, and given about two ounces of gin. The girl was being walked about between two others. Countenance swollen and dusky, conjunctiva much injected, cornea glassy, pulse small and slow, breathing also slow—a complete state of stupor, from which with difficulty he could only partially rouse her and obtain an incoherent muttering reply to a question; if the support was withdrawn she sank on to the floor. Dr. BARNETT injected fifteen drops of solut. ammon. into the median vein of the injured arm, also gave one drachm of sp. ammon. co., and washed the wound with solut. ammon. In a few minutes she became violently excited, laughing, crying, singing, biting, and throwing herself about so much as to require two persons to restrain her. The patient took five doses of brandy (three drachms) and ammonia during the afternoon, and by seven the excitement had subsided, consciousness was restored, and she was pretty well. The very next afternoon the same girl found a snake basking in the garden; she watched the brute and called for her mother to come and kill it, which was done: whilst she was stepping back out of the way, two snakes issued from a bush, and one of bit the girl on the hand. Excision, ligature, gin, and ammonia were administered by the mother, and fifteen drops of liq. ammoniae were injected into a vein at the elbow by Dr. BARNETT. No symptoms of snake-poisoning occurred, however, although the patient suffered severely from the shock and fright. The cases are published in the *Melbourne Argus*.

We would remind our readers of the possible share, as suggested by Dr. WEIR MITCHELL, which the large doses of alcohol may have had in generating the symptoms.

Small Pox in New York.

The Board of Health would seem to be rather uneasy under the reported spread of the small-pox in New York. They have employed sixty inspectors to visit the various public schools on a particular day to vaccinate the children. The day was to be kept secret, under the apprehension that their parents would not permit the children to attend. At the small-pox hospital on Blackwell's Island, 90 cases have been reported.

Hungary raises nearly all the wine made in the Austrian Empire, about thirty million barrels. It is worth on the spot about \$2 per bbl., but, notwithstanding its cheapness, only about one per cent. of it is exported.

A patent has been obtained for the manufacture of water-proof paper. It will be no uncommon thing, by and by, to carry a quart of milk home in a paper bag.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

COLEMAN—RICHAY.—May 18th, at the residence of the bride's mother (Mrs. M. J. Richay, Indiana Co., Pa.), by Rev. D. J. Irwin, W. C. Coleman, M. D., of Latrobe, Pa., and Miss Belle J. Richay.

JESSOP—ROLAND.—May 25th, in York, Penna., at Zion Lutheran Church, by the Rev. A. W. Lilly, Samuel N. Jessop, of Dauphin, Pa., and Miss Lizzie S., daughter of Dr. Wm. S. Roland, of York.

KITCHEN—ECKEL.—May 18th, 1869, at the residence of the bride, by Rev. Albert Barnes, assisted by Rev. Herrick Johnson, D. D., Dr. Frank H. Kitchen, of Springtown, Pa., and Miss Annie M. Eckel, of this city.

DIED.

LINCOLN.—On the 5th instant, at Alken, S. C., Mrs. Nannie Moale Lincoln, wife of Dr. N. S. Lincoln, of Washington, D. C., and daughter of the late Col. Samuel Moale, of Baltimore.

MCKIM.—On Sunday, the 6th instant, Mrs. Caroline L. Gibbs, wife of Dr. S. A. H. McKim, of Washington, D. C.

POLLOCK.—In Williamsport, Pa., May 29, Samuel Pollock, son of Wm. L. Purdy, and grandson of Samuel Pollock, M. D., aet. 4 years, 11 months.

POTTER.—At Phillipburg, Pa., May 13th, Mrs. Mary E. Potter, wife of Dr. T. B. Potter, in the 35th year of her age.

QUERIES AND REPLIES.

DISEASES OF WOMEN.—Dr. C. H. H., of Ky.: “Will you please give me the best way of using carbolic acid in ulceration of the cavity of the neck of the uterus? Should it be applied in crystals, or in solution, and of what strength should the solution be, and how often should it be applied? Is it a good remedy in ulceration of cavity

of neck of uterus? What is the best caustic to apply in ulceration of uterus, and should it be applied in solution or in substance, and how often should it be applied? What is the best treatment in chronic inflammation of the membrane that lines the cavity of the body of the uterus? Are not injections into the cavity dangerous? Please tell me the best work on diseases of women.”

Carbolic acid crystals usually liquify in warm weather. They should be dissolved in three or four times their weight of water, and the parts touched lightly with the solution. In many cases very much weaker solutions will answer. Nitrate of silver, chrome acid, bromine, and carbolic acid are the best caustics in such cases. The frequency of their application depends on the case. Thomas on Diseases of Women is as good as any work in the language.

USES OF CHROMIC ACID.—Dr. C. H. H. of Ky.: “I wish you to answer the following question through the columns of your valuable journal: I have just been reading an article in one of my medical journals on ulceration of the cervix uteri, where it says that chromic acid should not be used of a greater strength than equal parts by weight with water. Now I wish you to tell me if I understand these proportions right or not. Am I to take, say forty grains of chromic acid and forty grains of water? Are those the proportions that I am to use to make a solution of equal parts of chromic acid and water?”

Prescriptions ought never to be written in this loose way. We suppose that twenty grains of chromic acid and twenty grains of water are meant.

A DENTIFRICE.—Dr. J. P., of Indiana: “I examined lately a lady's and a gentleman's teeth. The molars were very thickly covered with an earthy tartar-like deposit, which has same color, and if not scraped off, gets very thick all over teeth and is very annoying. Their health is otherwise good in all respects. Is there anything I can use to remove the tartar?”

A good simple dentifrice for the purpose is:

R. Crete prep.,
Pulv. Orris Rad.,
Pulv. Camphorae

S. P. r. n. ad lib.

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AMERICAN PEPSIN.—Dr. W. S. R.—On page 241 of the Compendium, part 3d, and page 249, Sept., 1868, number of the REPORTER, I read a very interesting article by Dr. I. S. Hawley, “On the use of Pepsin in the Diarrhoea of Infants.” In the cases so successfully treated by the doctor, he uses the “American pepsin.” Does he refer to Houghton's, or is there another American preparation? I wish to be informed. I have been fortunate in the treatment of some cases of dyspepsia with the foreign pepsin, but of late I think it is not as pure as formerly.

Dr. Hawley refers to the pepsin he prepares himself. He can be addressed at Greenpoint, N. Y.

UTERINE ULCERS.—Dr. J. K., of Ky.: Some prominent physicians now dispense with the caustic pencil in uterine ulcerations, and, instead of it, medicate the gutta-percha cap (advertised in this journal) with Iodide of Potassium, or any other paste to suit the case. The cap is an effective uterine supporter. The treatment is, therefore, appropriately adapted to the case you inquire about.

THE EFFECT OF VACCINATION.—Dr. W. F., of Ind.: “Will you tell me, through the REPORTER, whether any person that never was vaccinated can have the small-pox, and not one pustule fill? and will a person take the varioloid from a varioloid patient? This question is on debate, and your answer decides it.”

To the first question we answer, no; to the second, yes.

Dr. H. M. of Iowa: “Will you please inform me through your Answers to Correspondents, whose trust is described by Dr. L. D. Sheldon, in your issue of March 13, 1869, and who manufactures them?”

Address Mr. Sheldon, 704 Broadway, N. Y.

Dr. J. H. K., of Pa.: “Will you please inform me whose patent for Drug Mill, calculated for shop use, is most approved, and price of the same?”

The best pattern is Swift's. We can send you one for \$16.00.

Dr. A. A. C., of Mass.: We can send you the Journal of Obstetrics for \$3.00 a year. It is still published, and we have not heard that it would be discontinued.

Dr. J. I. G., of Ga.: A good set of Obstetrical Instruments costs \$20.00, a good Hypodermic Syringe, \$4.50.

Dr. R. H. L., of Iowa:—Hodge, on Diseases of Women, costs \$4.50, sheep. His forces are \$7.00.